

	Non-HPD Personnel Logical System Access		Submit Form To: CJIS Compliance Unit CCU@houstonpolice.org Desk #: 713.308.9018	
	Houston Police Department			
This form is used for personnel NOT employed by the Houston Police Department and who are requesting sign-on capabilities to any HPD logical system (technological, computerized). NOTE: Review the Information Sheet for instructions.				
<input type="checkbox"/> External Agency	Agency Name:	ORI#:	Date(mm/dd/yyyy)	
<input type="checkbox"/> Contractor	Company Name:			
Request Type (Mark Which Apply)	<input type="checkbox"/> New Addition <input type="checkbox"/> Delete User	<input type="checkbox"/> Access Changes <i>Must have Existing Temporary HPD #</i>	<input type="checkbox"/> Change of Information <input type="checkbox"/> Name <input type="checkbox"/> Address <input type="checkbox"/> Telephone <input type="checkbox"/> Agency/Co. <input type="checkbox"/> Rank <input type="checkbox"/> Email	
Applicant Information				
			Existing/Prior Temporary HPD #:	
Last Name:		First Name:		MI:
Applicant Email:			Rank/Title:	
DOB:	Race/Sex:	DL/ID #:	SSN	TXDPS User ID:
Work Address:	City:	State:	Zip:	Office Telephone:
Agency TAC / Contact Name:			Office Telephone:	
Agency TAC / Contact Email:				
Requested Access: <i>Specified in Agreement</i>		<input type="checkbox"/> HPD Network	<input type="checkbox"/> RMS (Ext. Agency)	<input type="checkbox"/> RMS (Individual Access)
<input type="checkbox"/> Other (Specific):				
Upon signing this access request form you acknowledge the specific agreement (MOU, MCA, or Security Addendum) signed by your agency/company, in addition to the HPD Network Remote Access Agreement .		HPD Division Responsible for Applicant		
		Division/Project:		
_____ Applicant's Signature		_____ Signature HPD Supervisor / Employee #		
DO NOT WRITE BELOW THIS LINE - HPD USE ONLY				
CJIS Compliance Unit		CJISID:	Date Sent to ESD:	TAC:
MOU <input type="checkbox"/> MCA <input type="checkbox"/> Volunteer <input type="checkbox"/> SecAdd <input type="checkbox"/>		Routing ORI # _____		
Police Personnel System Entry				CCD #
Entered By: _____		Date Assigned: _____		Assigned Temporary HPD # _____
Gang Division (If Applicable)				
Date: _____		Staff Review: _____		<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved
Technology Services		Date Access(s) Provided: _____ Date Notified: _____		
Processed By: _____		ITSM Tracking # _____		